MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS **10/520614**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
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48								98						
49								99						
50								100						
TOTAL IND.	1	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	8	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	9							TOTAL CLAIMS						

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